PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 09/720,832			ing Date 28/2001	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
Т	FOR	N	NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
BASIC FEE (37 CFR 1 16(a), (b), or (c))		or (c))	N/A		N/A		N/A		1	N/A		
SEARCH FEE (37 CFR 1 16(k), (i), or (m))		or (m))	N/A		N/A		N/A			N/A		
	EXAMINATION FE (37 CFR 1,16(o), (p),		N/A		N/A		N/A			N/A		
	TAL CLAIMS CFR 1.16(i))		minus 20 =		*		X \$ =		OR	X \$ =		
	EPENDENT CLAIM CFR 1.16(h))	IS	minus 3 =				X \$ =		1	X \$ =		
	APPLICATION SIZE (37 CFR 1 16(s))	FEE shee is \$2 addit	ts of pape 50 (\$125 ional 50 s	gs exceed 100 on size fee due for each n thereof. See CFR 1.16(s).								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1,16(j))									1			
* If the difference in column 1 is less than zero, enter "0" in column 2.									1	TOTAL		
APPLICATION AS AMENDED – PART II  (Column 1) (Column 2) (Column 3)										ER THAN ALL ENTITY		
AMENDMENT	04/19/2011	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(ii)	· 24	Minus	·· 24	-	1	X \$ =		OR	X \$ =		
	Independent (37 CFR 1,16(h))	· 3	Minus	3	-	1	X \$ =		OR	X \$ =		
	Application Size Fee (37 CFR 1:16(s))											
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))								OR			
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
		(Column 1)		(Column 2)	(Column 3)							
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,160))		Minus	**	-	1	× s =		OR	x s =		
	Independent (37 CFR 1.16(h))		Minus	***	-	]	X \$ =		OR	X \$ =		
	Application Size Fee (37 CFR 1.16(s))					]			1			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(j))								OR			
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	4	
***	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  Legal Instrument Examiner:  ** If the "Highest Number Previously Paid For "IN THIS SPACE is less than 3, enter 3".  The "Highest Number Previously Paid For "(Total or Independent) is the highest number found in the appropriate box in column 1.											

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application, confidentiality is governed by 38 U.S. 0.122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including prisoning, propagating, and submitting the completed application from the USPTO. Time will vary depending upon the individual case. Alty comments in amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer. U.S. Patient and Trademark Office, U.S. Department of Commence, P.O. Box 1476. Alexandrium, V.S. 2331-145. DO NON TSEND FEES OR COMPLETED FORMS TO THIS. ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.